BEST AVAILABLE COPY ISSUE SLIT STAPLE AREA (for additional cross references) POSITION ENITTALS ID NO. DATE FEE DETERMINATION LP.E. CLASSIFIER **FORMALITY REVIEW** INDEX OF CLAIMS Rejected Non-elected N **Allowed** Interference (Through numeral) Cainceled Appeal Restricted Objected Care C Date First Original द्या hu 16 7 7 hte 20 J V A 85 ল य

If more than 150 claims or 10 actions steple additional sheet here

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